

**SAMUEL RIGGS IV  
ALUMNI CENTER**

**P L E D G E C A R D**

**Please complete and mail to:**

Riggs Alumni Center Campaign  
Samuel Riggs IV Alumni Center  
University of Maryland  
College Park, MD 20742-1541

**For more information call:**

301.405.6542

Please contact me about a named gift opportunity.

**I would like to make a gift of:**

\$10,000  \$5,000  \$1,000  \$500  \$250  Other

Of this pledge amount, \$\_\_\_\_\_ is enclosed.

**I will pay the remainder over five or fewer years in the following manner:**

\$\_\_\_\_\_ annually over \_\_\_\_\_ years beginning \_\_\_\_\_/\_\_\_\_\_

\$\_\_\_\_\_ quarterly \$\_\_\_\_\_ semi-annually

**Credit Card Payment Option:**

MasterCard  Visa  American Express  Discover

AMOUNT

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE

*(In order to validate your credit card payment, cardholder signature is necessary.)*

**Pre-Authorized Monthly Payment Option:**

I authorize the University of Maryland College Park Foundation, Inc., to deduct from my bank account monthly payments in the amount of \$\_\_\_\_\_. Please send me the authorization form.

**Matching Funds:**

Matching funds from my company or my spouse's company will be added to this gift.

NAME OF COMPANY \_\_\_\_\_ \$ \_\_\_\_\_ EXPECTED MATCH AMOUNT

*Please make checks payable to: University of Maryland College Park Foundation, Inc.*

NAME \_\_\_\_\_ CLASS YEAR, IF ALUMNA/US \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

BUSINESS/ORGANIZATION \_\_\_\_\_ E-MAIL \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PREFERRED MAILING ADDRESS  BUSINESS  HOME

SPOUSE'S NAME \_\_\_\_\_

IS YOUR SPOUSE ALSO AN ALUMNUS/A?  YES  NO \_\_\_\_\_  
IF YES, CLASS YEAR



**UNIVERSITY OF  
MARYLAND**